

South Dakota Department of Agriculture
Division of Agricultural Services
Foss Building, 523 East Capitol
Pierre, SD 57501-3182

Sample Collection Report

The following sample was collected and receipt is hereby acknowledged pursuant to state and federal law.

Product Category:		<input type="checkbox"/> Feed	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input type="checkbox"/> Bulk	<input type="checkbox"/> Bagged	<input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational
		<input type="checkbox"/> Animal Remedy	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input type="checkbox"/> Bulk	<input type="checkbox"/> Container	<input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational
		<input type="checkbox"/> Fertilizer	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Bulk	<input type="checkbox"/> Container	<input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational
		<input type="checkbox"/> Soil Amendment	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input type="checkbox"/> Residue	<input type="checkbox"/> Water		
		<input checked="" type="checkbox"/> Pesticide	<input type="checkbox"/> Use dilution	<input type="checkbox"/> Formulation				

Sample Number: 09-SP-19	Date: 7-10-18	Product/Material Sampled: clothes	
Lot or Invoice#	Date Shipped 7-11-18	# of Containers Sampled	Amount on Hand
Owner/Dealer (Name and Complete Address)		Manufacturer/Registrant (Name and Complete Address)	

Sample Collected and Prepared in the Following Manner:

EPA Reg. # (pesticide only):	EPA Est. # (pesticide only):
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Analysis Requested (Listed % guarantee if label not attached):

Feed/Animal Remedy: <input type="checkbox"/> Protein _____ <input type="checkbox"/> Fat _____ <input type="checkbox"/> Fiber _____ <input type="checkbox"/> NPN _____ <input type="checkbox"/> Other (list) _____	Fertilizer/Soil Amendment: <input type="checkbox"/> Nitrogen _____ <input type="checkbox"/> Phosphorus _____ <input type="checkbox"/> Potash _____ <input type="checkbox"/> Other (list) _____	Pesticide: (List guarantee/analysis requested) _____ _____ _____
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Possible Drug Analysis: (Amprolium, Arsanilic Acid, Carbadox, Chlortetracycline, Decoquinat, Dichlorvos, Lasalocid, Monensin, Oxytetracycline, Piperazine, Pyrantel Tartrate / Pamoate, Sulfa-methazine/methox ine/thiazole, Tetracycline Hydrochloride, Tylosin)

Comments: **clothes** - (b) (6)

The undersigned acknowledges that the sample shown above as obtained from products or devices that were packaged, labeled, and released for shipment or sale, or held for use, received under the supplier or carrier date provided above or that samples were taken from property or product under their

Signature (b) (6)	Title owner
(Owner, Operator or Agent)	(Owner, Operator or Agent)
Signature Shawn Peterson	
(Inspector/Investigator)	

Chain of Custody

Relinquished By: (Signature) _____ Date: _____ Time: _____

Date Shipped: _____ Carrier: (Attach Record) _____

Received By: (Signature) _____ Date: _____ Time: _____

Lab Remarks: